

**IN THE UPPER ARLINGTON MAYOR'S COURT
UPPER ARLINGTON, OHIO**

In the matter of:

Name: _____

Case Number: _____

Alias/Maiden: _____

Address: _____

Date of Birth: _____

City: _____

SSN: _____

State/Zip: _____

Phone No.: _____

APPLICATION FOR EXPUNGEMENT AND SEALING OF THE RECORD

Now comes _____ and applies to the court for expungement and sealing of all official records of **DISMISSAL** in the Case No. _____

Upper Arlington Mayor's Court, Upper Arlington, Ohio, as provided in section 2953.52 of the Ohio Revised Code. The nature of the offense was _____ and the date of the ~~Not Guilty~~
~~Finding~~ / Dismissal was _____.

Applicant Signature

If represented by an attorney, attorney sign below:

Attorney Name: _____ Supreme Court # _____

Attorney Address: _____
Street City State Zip

Phone Number: _____

MEMORANDUM

The applicant qualifies under all definitions and requirements stated in Ohio Revised Code Section 2953.52.

Applicant or Attorney Signature

PROOF OF SERVICE

I hereby certify that a copy of the within application was served upon the Upper Arlington City Prosecutor, this _____ day of _____, 20_____.

Clerk/Deputy Clerk of Court

Mail completed form to "The Upper Arlington Clerk of Court's Office" at 3600 Tremont Road, Upper Arlington, Ohio 43221.

